

CT CORPORATION

CORPORATION(S) NAME

F02000001481

HMA Santa Rosa Medical Center, Inc.

FILED
02 MAR 25 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 MAR 25 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

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Name _____
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3/25/02

Order#: 5207425

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Amount: \$ *****78.75 *****78.75

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HMA Santa Rosa Medical Center, Inc.
(Name of corporation - must include suffix)

FILED
MAR 25 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jeanne E. Trent, Legal Assistant

(Name of Person)

Health Management Associates, Inc.

(Firm/Company)

5811 Pelican Bay Blvd., Suite 500

(Address)

Naples, FL 34108-2710

(City/State and Zip code)

For further information concerning this matter, please call:

Jeanne E. Trent

(Name of Person)

at (

941

)

598-3176

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. HMA Santa Rosa Medical Center, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. California

(State or country under the law of which it is incorporated)

3. 68-0045270

(FEI number, if applicable)

4. 09/05/1985

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida) If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5811 Pelican Bay Blvd. #500, Naples, FL 34108-2710

(Principal office address)

same

(Current mailing address)

Operation of hospital and ancillary services.

8. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: William J. Schoen

Address: 5811 Pelican Bay Blvd., Suite 500

Naples, FL 34108-2710

Vice Chairman:

Address:

Director: Joseph V. Vumbacco

Address: 5811 Pelican Bay Blvd., Suite 500

Naples, FL 34108-2710

Director: Robert E. Farnham

Timothy R. Parry

Address: 5811 Pelican Bay Blvd., Suite 500

5811 Pelican Bay Blvd., Suite 500

Naples, FL 34108-2710

Naples, FL 34108-2710

B. OFFICERS

President: Joseph V. Vumbacco

Address: 5811 Pelican Bay Blvd., Suite 500

Naples, FL 34108-2710

Vice President:

Address:

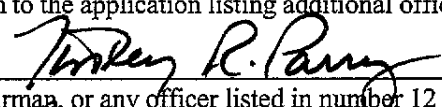
Secretary: Timothy R. Parry

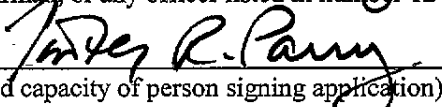
Address: 5811 Pelican Bay Blvd., Suite 500, Naples, FL 34108-2710

Treasurer: Robert E. Farnham

Address: 5811 Pelican Bay Blvd., Suite 500, Naples, FL 34108-2710

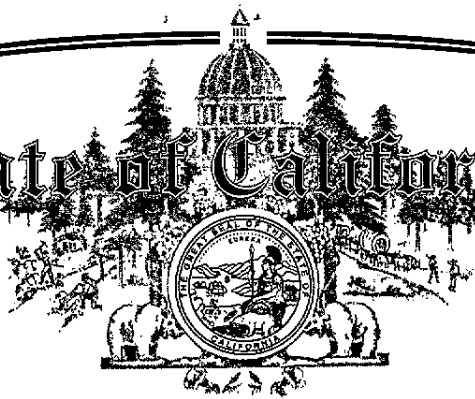
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Timothy R. Parry, Senior Vice President 
(Typed or printed name and capacity of person signing application)

FILED
02 MAR 25 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California



SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

FILED
02 MAR 25 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 17th day of January, 1985, HMA SANTA ROSA MEDICAL CENTER, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

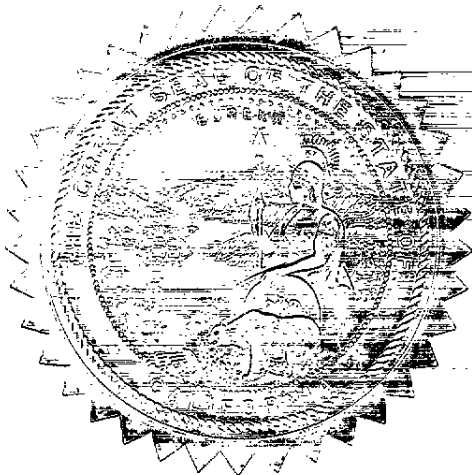
That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of March 20, 2002.



Bill Jones
BILL JONES
Secretary of State

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